

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation Working America		3. FEC Identification Number <b>C</b> C90011156
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16th St., NW		
(c) City, State and ZIP Code Washington DC 20006		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☒ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM 

M	M
0	9

 / 

D	D
1	1

 / 

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
0	9

 / 

D	D
1	3

 / 

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS .....

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

2826.80

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Liz Towne

09/15/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Absopure Water

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0Mailing Address  
8845 General Drive

Amount

City State Zip Code  
Plymouth MI 48170

63.83

Purpose of Expenditure  
Office waterCategory/  
TypeOffice Sought: ☒ House State: MI  
House ☐ Senate District: 07  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 63.83Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Jeremy Al-Haj

Date

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 1 0Mailing Address  
1501 Briarwood Cir. Dr.

Amount

City State Zip Code  
Ann Arbor MI 48104

25.00

Purpose of Expenditure  
Per diemCategory/  
TypeOffice Sought: ☒ House State: MI  
House ☐ Senate District: 07  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 1213.47Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Jeremy Al-Haj

Date

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 1 0Mailing Address  
1501 Briarwood Cir. Dr.

Amount

City State Zip Code  
Ann Arbor MI 48104

25.00

Purpose of Expenditure  
Per diemCategory/  
TypeOffice Sought: ☒ House State: MI  
House ☐ Senate District: 07  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 1238.47Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

113.83

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **3 / 12**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Jeremy Al-Haj

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

Mailing Address

1501 Briarwood Cir. Dr.

Amount

25.00

City

Ann Arbor

State

MI

Zip Code

48104

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Calendar Year-To-Date Per Election  
for Office Sought

1263.47

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Jeremy Al-Haj

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

Mailing Address

1501 Briarwood Cir. Dr.

Amount

211.79

City

Ann Arbor

State

MI

Zip Code

48104

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Calendar Year-To-Date Per Election  
for Office Sought

1475.26

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Cara Alcantar

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

Mailing Address

155 Charlevoix St.

Amount

273.28

City

Clawson

State

MI

Zip Code

48017

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Calendar Year-To-Date Per Election  
for Office Sought

1128.96

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures .....

510.07

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Cara Alcantar

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0Mailing Address  
155 Charlevoix St.

Amount

41.00

City  
ClawsonState  
MIZip Code  
48017Purpose of Expenditure  
Mileage reimbursementCategory/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCalendar Year-To-Date Per Election  
for Office Sought

1169.96

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Blue & White Taxi

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0Mailing Address  
1400 Ban Buren NE, #120.

Amount

33.00

City  
MinneapolisState  
MNZip Code  
55413Purpose of Expenditure  
Cab fareCategory/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCalendar Year-To-Date Per Election  
for Office Sought

33.00

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Theresa Cummings

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0Mailing Address  
11368 Asbury Park

Amount

125.66

City  
DetroitState  
MIZip Code  
48227Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCalendar Year-To-Date Per Election  
for Office Sought

502.64

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

199.66

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Dollar Rental

Date

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 1 0Mailing Address  
100 N. Fifth Street

Amount

City State Zip Code  
Detroit MI 48242

77.50

Purpose of Expenditure  
Car rentalCategory/  
TypeOffice Sought: ☒ House State: MI  
House ☐ Senate District: 07  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 387.50Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Dollar Rental

Date

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 1 0Mailing Address  
100 N. Fifth Street

Amount

City State Zip Code  
Detroit MI 48242

77.50

Purpose of Expenditure  
Car rentalCategory/  
TypeOffice Sought: ☒ House State: MI  
House ☐ Senate District: 07  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 465.00Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Dollar Rental

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0Mailing Address  
100 N. Fifth Street

Amount

City State Zip Code  
Detroit MI 48242

77.50

Purpose of Expenditure  
Car rentalCategory/  
TypeOffice Sought: ☒ House State: MI  
House ☐ Senate District: 07  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 542.50Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

232.50

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Marcel Duvoix

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

Mailing Address

801 N. Congress St., Apt #5

Amount

125.66

City  
YpsilantiState  
MIZip Code  
48197Purpose of Expenditure  
Salary and benefitsCategory/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCalendar Year-To-Date Per Election  
for Office Sought

502.64

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Egencia

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

Mailing Address

333 108th Ave. NE

Amount

504.80

City  
BellevueState  
WAZip Code  
98004Purpose of Expenditure  
Air fareCategory/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCalendar Year-To-Date Per Election  
for Office Sought

504.80

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Egencia

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

Mailing Address

333 108th Ave. NE

Amount

8.00

City  
BellevueState  
WAZip Code  
98004Purpose of Expenditure  
Booking feeCategory/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCalendar Year-To-Date Per Election  
for Office Sought

512.80

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

638.46

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Extended Stay America

Date

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 1 0Mailing Address  
1501 Briarwood Cir

Amount

43.99

City  
Ann ArborState  
MIZip Code  
48108Purpose of Expenditure  
LodgingCategory/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCalendar Year-To-Date Per Election  
for Office Sought

791.82

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Extended Stay America

Date

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 1 0Mailing Address  
1501 Briarwood Cir

Amount

43.99

City  
Ann ArborState  
MIZip Code  
48108Purpose of Expenditure  
LodgingCategory/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCalendar Year-To-Date Per Election  
for Office Sought

835.81

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Extended Stay America

Date

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 1 0Mailing Address  
1501 Briarwood Cir

Amount

43.99

City  
Ann ArborState  
MIZip Code  
48108Purpose of Expenditure  
LodgingCategory/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCalendar Year-To-Date Per Election  
for Office Sought

879.80

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

131.97

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Extended Stay America

Date

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 1 0

Mailing Address

1501 Briarwood Cir

Amount

43.99

City

Ann Arbor

State

MI

Zip Code

48108

Purpose of Expenditure

Lodging

Category/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Disbursement For:

☐ Primary☒ General2010  
☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

923.79

Full Name (Last, First, Middle Initial) of Payee

Extended Stay America

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

Mailing Address

1501 Briarwood Cir

Amount

43.99

City

Ann Arbor

State

MI

Zip Code

48108

Purpose of Expenditure

Lodging

Category/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Disbursement For:

☐ Primary☒ General2010  
☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

967.78

Full Name (Last, First, Middle Initial) of Payee

Extended Stay America

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

Mailing Address

1501 Briarwood Cir

Amount

43.99

City

Ann Arbor

State

MI

Zip Code

48108

Purpose of Expenditure

Lodging

Category/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Disbursement For:

☐ Primary☒ General2010  
☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

1011.77

(a) SUBTOTAL of Itemized Independent Expenditures .....

131.97

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Fairfield Inn by Marriot Ann Arbor

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

Mailing Address

3285 Boardwalk Street

Amount

102.87

City

Ann Arbor

State

MI

Zip Code

48108

Purpose of Expenditure

Hotel stay

Category/  
Type

Office Sought:

☒

House

State: MI

House

☐

Senate

District: 07

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Calendar Year-To-Date Per Election  
for Office Sought

102.87

Disbursement For:  
2010☐

Primary

☒

General

☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Jamil Khalid

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

Mailing Address

41166 Wyndchase

Amount

125.66

City

Canton

State

MI

Zip Code

48188

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☒

House

State: MI

House

☐

Senate

District: 07

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Calendar Year-To-Date Per Election  
for Office Sought

125.66

Disbursement For:  
2010☐

Primary

☒

General

☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Kevin Litten

Date

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 1 0

Mailing Address

1501 Briarwood Cir. Dr.

Amount

25.00

City

Ann Arbor

State

MI

Zip Code

48104

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☒

House

State: MI

House

☐

Senate

District: 07

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Calendar Year-To-Date Per Election  
for Office Sought

777.03

Disbursement For:  
2010☐

Primary

☒

General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

253.53

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Kevin Litten

Date

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 1 0

Mailing Address

1501 Briarwood Cir. Dr.

Amount

25.00

City

Ann Arbor

State

MI

Zip Code

48104

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Calendar Year-To-Date Per Election  
for Office Sought

802.03

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Kevin Litten

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

Mailing Address

1501 Briarwood Cir. Dr.

Amount

176.51

City

Ann Arbor

State

MI

Zip Code

48104

Purpose of Expenditure

Salary and benefits

Category/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Calendar Year-To-Date Per Election  
for Office Sought

978.54

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Kevin Litten

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

Mailing Address

1501 Briarwood Cir. Dr.

Amount

25.00

City

Ann Arbor

State

MI

Zip Code

48104

Purpose of Expenditure

Per diem

Category/  
Type

Office Sought:

☒ House

State: MI

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK HAMILTON SCHAUER

Calendar Year-To-Date Per Election  
for Office Sought

1003.54

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

226.51

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Paul Sowa

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0Mailing Address  
801 N. Congress St.  
Apt. 5

Amount

125.66

City State Zip Code  
Ypsilanti MI 48197Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☒ House State: MI  
House ☐ Senate District: 07  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 251.32Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Staples

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0Mailing Address  
3120 Carpenter Rd

Amount

8.83

City State Zip Code  
Ypsilanti MIPurpose of Expenditure  
Office suppliesCategory/  
TypeOffice Sought: ☒ House State: MI  
House ☐ Senate District: 07  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 270.23Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Lynelle Stewart

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0Mailing Address  
36115 Bibbins St.

Amount

164.75

City State Zip Code  
Romulus MI 48174Purpose of Expenditure  
Salary and benefitsCategory/  
TypeOffice Sought: ☒ House State: MI  
House ☐ Senate District: 07  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 682.28Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

299.24

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee  
Thrifty Car Rental

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0Mailing Address  
334 Lucas Dr.

Amount

44.06

City  
DetroitState  
MIZip Code  
48242Purpose of Expenditure  
Car rentalCategory/  
Type

Office Sought:

☒

House

State: MI

House

☐

Senate

District: 07

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCalendar Year-To-Date Per Election  
for Office Sought

44.06

Disbursement For:  
2010☐

Primary

☒

General

☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
David Wehde

Date

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0Mailing Address  
3126 Oakland Ave S.

Amount

45.00

City  
MinneapolisState  
MNZip Code  
55407Purpose of Expenditure  
Per diemCategory/  
Type

Office Sought:

☒

House

State: MI

House

☐

Senate

District: 07

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
MARK HAMILTON SCHAUERCalendar Year-To-Date Per Election  
for Office Sought

45.00

Disbursement For:  
2010☐

Primary

☒

General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

89.06

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

2826.80